Fill in this info	ormation to identify your	case:	THE WALL STAT	49 L. Y 7.	
Debtor 1	Robert E. Klein First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	Kristy L. Klein First Name	Middle Name	Last Name		
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	DF WISCONSIN		
Case number (if known)	25-22393				☐ Check if this is an amended filing
Official E	orm 106Sum				
		and Liabilities aı	nd Certain Statistic	al Information	12/15
Be as complete information. Fi	e and accurate as possib Il out all of your schedul	ole. If two married people es first; then complete t	e are filing together, both are he information on this form. I k the box at the top of this pa	equally responsible fo If you are filing amende	r supplying correct ed schedules after you fi
Part 1: Sum	marize Your Assets				
					Your assets Value of what you own

Schedule A/B: Property (Official Form 106A/B) 435,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 326,306.92 1c. Copy line 63, Total of all property on Schedule A/B..... 761,306.92 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 293,923.65 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 14,051.00 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b, Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 1,424,656.61 Your total liabilities \$ 1.732.631.26 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 2,800.00 Copy your combined monthly income from line 12 of Schedule I.... Schedule J: Your Expenses (Official Form 106J) 8,035.00 Copy your monthly expenses from line 22c of Schedule J. Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 Ú.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Summary of Your Assets and Liabilities and Certain Statistical Information page 1 of 2

the court with your other schedules.

Official Form 106Sum

Debtor 1 Robert E. Klein Case number (if known) 25-22393 Debtor 2 Kristy L. Klein

	Kristy L. Kleili		
From	n the Statement of Your Current Monthly Income: Copy your total cu	rrent monthly income from Official Form	
	4 Line 44, OB Form 400B Line 14, OB Form 100C 1 Line 14		D

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

	Total claim
From Part 4 on Schedule E/F, copy the following:	\$
9a. Domestic support obligations (Copy line 6a.)	a
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d. Student loans. (Copy line 6f.)	\$
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$
9g. Total. Add lines 9a through 9f.	\$
Į.	

Fillin	this info	ormation to identify	your case and th	is filing			
Debte		Robert E. Kle					
Debu	JI 1	First Name	Middle	Name	Last Name		
Debte		Kristy L. Kle			Last Name		
(Spous	e, if filing)	First Name	Middle	Name	Last Name		
Unite	d States I	Bankruptcy Court for	the: EASTERN	DISTRI	CT OF WISCONSIN		
Case	number	25-22393					☐ Check if this is an amended filing
Offi	cial F	orm 106A/B					amended ming
Sc	hedu	le A/B: Pr	operty				12/15
think it inform	t fits best. ation. If m er every qu	Be as complete and a ore space is needed, a estion.	ccurate as possible ttach a separate sh	e. If two leet to t	only once. If an asset fits in more than on married people are filing together, both are his form. On the top of any additional page: Estate You Own or Have an Interest In	e equally responsible for su	ipplying correct
1. Do	you own o	r have any legal or eq	uitable interest in a	ny resid	ence, building, land, or similar property?		
п,	No. Go to F	Part 2					
		e is the property?					
_	I es VVIICI	e is the property:					
		Longneedle Lane	ription	What	is the property? Check all that apply Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured cl the amount of any secure Creditors Who Have Clai	ed claims on Schedule D:
				П	Manufactured or mobile home		
	Elkhorn	WI	53121-0000		Land	Current value of the entire property?	Current value of the portion you own?
-	City	State	ZIP Code		Investment property	\$435,000.00	\$435,000.00
					Timeshare	Describe the nature of	our ownership interest
					Other		ancy by the entireties, or
				Who	has an interest in the property? Check one Debtor 1 only	a me estatej, ii known.	
,	Walwort	th					
-	County				Debtor 1 and Debtor 2 only	☐ Check if this is cor	nmunity property
					At least one of the debtors and another	(see instructions)	minumey property
					r information you wish to add about this ite erty identification number:	em, such as local	
				LOT SE YV	T 41 THE PINES AS RECORDED IN 1/4 & SW 1/4 SEC 5 T2N R17E. 258 SE-21 RCEL NUMBER YPI 00041 L NUMBER 743802	I CAB C SLIDE 44 WO 802 SQ FT CITY OF E	CR, LOCATED IN LKHORN OMITS
				DIL	E HOMBEN 14002		
2. A	dd the do	ollar value of the po i have attached for l	rtion you own fo Part 1. Write that	r all of numbe	your entries from Part 1, including an	y entries for =>	\$435,000.00
						1	
Part 2	Descril	be Your Vehicles					

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Schedule A/B: Property

Official Form 106A/B

page 1

Debte Debte		obert E. Klein risty L. Klein		Case number (if known)	25-22393
3. Ca	rs, vans,	trucks, tractors, sport utility ve	ehicles, motorcycles		
	No				
-	168				
3,1	Make:	Ram 1500 Crew Cab	Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.
	Model: Year:	2022	Debtor 1 only	Creditors vino rias	e chains secured by I Toperty.
		40.700	Debtor 2 only	Current value of t entire property?	the Current value of the portion you own?
		nate mileage: 46,/82	Debtor 1 and Debtor 2 only At least one of the debtors and another	entire property:	portion you own:
		C6SRFFTONN233185	At least one of the debtors and another		
	VIIN. IX	COSKEF I ONN 255 165	☐ Check if this is community property (see instructions)	\$53,000	\$53,000.00
3,2	Make:	Dodge	Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on Schedule D:
	Model:	Durango	Debtor 1 only	Creditors Who Hav	ve Claims Secured by Property.
	Year:	2022	Debtor 2 only	Current value of t	
	Approxir	nate mileage: 16,887	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		ormation:	At least one of the debtors and another		
	VIN: 10	C4RDJDG4NC1888469	☐ Check if this is community property (see instructions)	\$48,000	\$48,000.00
3.3	Make:	Jeep	Who has an interest in the property? Check one		ured claims or exemptions. Put secured claims on Schedule D:
	Model:	Grand Cherokee	☐ Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
	Year:	2011	Debtor 2 only	Current value of t	the Current value of the
	Approxir	nate mileage: 164,257	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other int	ormation:	\square At least one of the debtors and another		
	FMV p	J4RR4GGOBCS17852 er Debtor Down - Unfixable	☐ Check if this is community property (see instructions)	\$500	5500.00
3,4	Make:	TAOT	Who has an interest in the property? Check one		sured claims or exemptions. Put secured claims on Schedule D:
	Model:	Moped	Debtor 1 only		ve Claims Secured by Property.
	Year:	2022	Debtor 2 only	Current value of	the Current value of the
	Approxir	nate mileage: 1,605	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:	☐ At least one of the debtors and another		
	Silver	Color		40.50	
	VIN: L	9NTCBAEL1014162	☐ Check if this is community property (see instructions)	\$850	0.00 \$850.00
3.5	Make:	TAOT	Who has an interest in the property? Check one	the amount of any	cured claims or exemptions. Put secured claims on Schedule D: ve Claims Secured by Property.
	Model:	Moped	Debtor 1 only	Creditors with Ha	ve cialina decured by Froperty.
	Year:	2022	Debtor 2 only	Current value of	
	• • •	mato iniicago.	Debtor 1 and Debtor 2 only	entire property?	portion you own?
		formation:	☐ At least one of the debtors and another		
	Black VIN: L	Color PNTCBAB6L1013197	Check if this is community property (see instructions)	\$850	0.00 \$850.00

Official Form 106A/B Schedule A/B: Property page 2

	otor 1 otor 2	Robert E. I Kristy L. K			Case number (if known)	25-22393
4. V E	Vatercra xamples	aft, aircraft, m :: Boats, traile	notor homes, ATVs rs, motors, persona	s and other recreational vehicles, other vehicles, a watercraft, fishing vessels, snowmobiles, motorcycle	and accessories e accessories	
	l No					
	Yes					
4.1	Make			Who has an interest in the property? Check one	the amount of any	ured claims or exemptions. Put secured claims on Schedule D:
	Mode		Trailer	Debtor 1 only	Creditors Who Ha	ve Claims Secured by Property.
	Year:	2016		Debtor 2 only	Current value of	
	045	. !- 6 1:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
	SNF	r information: HUVH210GN / per Debtor ken Down,	r	☐ At least one of the debtors and another ☐ Check if this is community property (see instructions)	<u></u> \$500.	\$500.00
5 <i>/</i>	Add the pages y	dollar value ou have attac	of the portion you ched for Part 2. Wi	own for all of your entries from Part 2, including rite that number here	any entries for	\$103,700.00
Do 6. H	you ow	n or have any	d furnishings	e interest in any of the following items? ens, china, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
į	Yes.	Describe	Stove			\$700.00
			Refrigerator	(2)		\$1,800.00
			Microwave (4)		\$300.00
			Washing Ma	chine (2)		\$900.00
			Dryer (2)	*		\$500.00
			Sofa (4)			\$2,600.00
			Chairs (6)			\$200.00
			Entertainme	nt Center (2)		\$400.00
			Lamp (5)			\$100.00
			Coffee Table	e and End Tables (2)		\$100.00

Schedule A/B: Property page 3

Official Form 106A/B

Debtor 1 Debtor 2	Robert E. Klein Kristy L. Klein	Case number (if known)	25-22393
	Bed (6)		\$2,200.00
	Bedroom Chairs (2)		\$250.00
4	Dresser (8)		\$1,200.00
	Nightstand (6)		\$500.00
	Kitchen Table and Chairs		\$400.00
	Books		\$200.00
	Lawnmower		\$1,100.00
	Snowblower		\$1,000.00
	Misc. Outdoor Furniture		\$2,200.00
	Misc. Household Tools		\$6,000.00
	Misc. Pet Items		\$1,500.00
□ No	nics les: Televisions and radios; audio, video, stereo, and digital equipment; co including cell phones, cameras, media players, games Describe	omputers, printers, scanners; music c	ollections; electronic devices
	Television (7)		\$2,000.00
	Cell Phone (7)		\$1,450.00
Exampl □ No	ibles of value les: Antiques and figurines; paintings, prints, or other artwork; books, picto other collections, memorabilia, collectibles Describe	ures, or other art objects; stamp, coin	, or baseball card collections;
	Misc. Artwork (6)		\$300.00
Example No	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, musical instruments Describe	, pool tables, golf clubs, skis; canoes	and kayaks; carpentry tools;

Official Form 106A/B Schedule A/B: Property page 4

Deb Deb	tor 1 tor 2	Kristy L. Klein	Case number (if known)	25-22393
		Misc. Sports Equipment		\$1,300.00
		Misc. Photography Equipment		\$600.00
] No	ns oles: Pistols, rifles, shotguns, ammunition, and related equipment Describe		
		Firearms (9)		\$450.00
] No	s oles: Everyday clothes, furs, leather coats, designer wear, shoes, ac Describe	cessories	
		Misc. Clothing		\$3,000.00
] No	y oles: Everyday jewelry, costume jewelry, engagement rings, wedding Describe Misc. Jewelry	g rings, heirloom jewelry, watches, gems, g	old, silver\$12,000.00
14.	Examp. No Yes. Any oth	rm animals oles: Dogs, cats, birds, horses Describe her personal and household items you did not already list, including the specific information	uding any health aids you did not list	
15.		the dollar value of all of your entries from Part 3, including any art 3. Write that number here		\$45,250.00
Part	4: Des	scribe Your Financial Assets		
		vn or have any legal or equitable interest in any of the following	1?	Current value of the portion you own? Do not deduct secured claims or exemptions.
	No	oles: Money you have in your wallet, in your home, in a safe deposit		on
17. I	Deposi Examp	its of money oles: Checking, savings, or other financial accounts; certificates of d institutions. If you have multiple accounts with the same institu	leposit; shares in credit unions, brokerage h	nouses, and other similar
	I No I Yes	Institution nam	ie:	

Official Form 106A/B

Schedule A/B: Property

page 5

Debtor 1 Debtor 2		Robert E Kristy L					Case number (i	f known)	25-22393	
			17.1	1. Checkir	ng	Personal Checking Acct. #0285 Balance as of 03/24/20	25		\$90	7.02
			17.2	2. Trust A	ccount	Krekeler Law, S.C.			\$	0.00
Exai	mple	mutual fui es: Bond fi	n ds, or pub unds, invest	licly traded s	stocks ts with brokers	age firms, money market acco	unts			
■ No				Institution	or issuer nam	ne:				
19. Non-	pub t ve		ed stock an	nd interests i	in incorporat	ed and unincorporated busin	nesses, including ar	interes	t in an LLC, partnership	, and
■ Ye	s. C	Give specit		on about then lame of entity			% of ownersh	ip:		
			K	(lein Enter	prises LLC	erties LLC now known as assets and liabilities	100	_ %	\$159,44	9.90
			A	Assets: 1 Ti	arketing LL ravel Traile Monthly Re	г	100	_ %	\$17,00	0.00
Neg Non-	otiai -neg	ble instrun gotiable ins	nents include struments ar ic informatio	e personal ch	necks, cashier cannot transfe	ole and non-negotiable instru 's' checks, promissory notes, a er to someone by signing or de	ind money orders.			
Exai	mple	ent or per es: Interes	n sion accou ts in IRA, Ef	ı nts RISA, Keogh,	, 401(k), 403(l	b), thrift savings accounts, or o	other pension or profit	-sharing	plans	
■ No □ Ye		ist each ac	ccount sepa Typ	rately. e of account:	:	Institution name:				
You	r sha mple	are of all u	and prepay inused depo nents with la	sits you have	e made so tha paid rent, pub	nt you may continue service or lic utilities (electric, gas, water)	use from a company), telecommunications	s compa	nies, or others	
						Institution name or individu	al:			
23. Annı ■ No		es (A contr	act for a per	riodic paymer	nt of money to	you, either for life or for a nun	nber of years)			
☐ Ye	s		Issuer na	ame and desc	cription.					
	S.C			, in an acco u), and 529(b)		fied ABLE program, or unde	r a qualified state tu	ition pr	ogram.	
☐ Ye			Institutio	n name and o	description. S	eparately file the records of an	y interests.11 U.S.C.	§ 521(c)	:	
25. Trus		equitable	or future in	terests in pr	roperty (othe	r than anything listed in line	1), and rights or po	wers ex	ercisable for your benefi	it
		Give specif	fic information	on about ther	n					

Official Form 106A/B Schedule A/B: Property page 6

	ebtor 1 ebtor 2	Robert E. Klein Kristy L. Klein		Case number (if known)	25-22393	
26	26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements					
	■ No □ Yes.	Give specific informatio	n about them			
27.	License Examp □ No	es, franchises, and oth	er general intangibles clusive licenses, cooperative association	n holdings, liquor licenses, professional license	es	
		·		and Dealer Agreement with Robert 0 03/28/2017	\$0.00	
			Retail Service Systems License Klein and BoxDrop Janesville, L	and Dealer Agreement with Robert LC 09/03/2017	\$0.00	
М	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.	
28		unds owed to you				
	No Yes.	Give specific information	n about them, including whether you alre	ady filed the returns and the tax years		
29	Examp No	support les: Past due or lump su Give specific information		ort, maintenance, divorce settlement, property	settlement	
30	Other a		es you bility insurance payments, disability ben ans you made to someone else	efits, sick pay, vacation pay, workers' compe	nsation, Social Security	
		Give specific information	n			
31	Examp	ts in insurance policie oles: Health, disability, o	s Hife insurance; health savings account (l	HSA); credit, homeowner's, or renter's insurar	nce	
	■ No □ Yes.		npany of each policy and list its value. ompany name:	Beneficiary:	Surrender or refund value:	
32	If you a	terest in property that in the tare the beneficiary of a line has died.	s due you from someone who has die ving trust, expect proceeds from a life in	ed surance policy, or are currently entitled to reco	eive property because	
	■ No □ Yes.	Give specific information	n			
33	. Claims Examp	against third parties, oles: Accidents, employr	whether or not you have filed a lawsuinent disputes, insurance claims, or rights	it or made a demand for payment s to sue		
		Describe each claim	****			
34		contingent and unliqui	dated claims of every nature, includin	g counterclaims of the debtor and rights to	set off claims	
	■ No □ Yes.	Describe each claim	en.			

Schedule A/B: Property

Official Form 106A/B

page 7

	otor 1 otor 2	Robert E. Klein Kristy L. Klein		Case number (if known)	25-22393
I	■ No	ancial assets you did not already list Give specific information			
36.		ne dollar value of all of your entries from Part 4, including rt 4. Write that number here			\$177,356.92
Part	5: Des	cribe Any Business-Related Property You Own or Have an Intere	st In. List any real esta	te in Part 1.	
	No. Go	wn or have any legal or equitable interest in any business-related to Part 6. o to line 38.	i property?		
Part		cribe Any Farm- and Commercial Fishing-Related Property You Court own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	No. 0	own or have any legal or equitable interest in any farm- of Go to Part 7. Go to line 47.	or commercial fishin	g-related property?	
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
	Examp ■ No	have other property of any kind you did not already list? Jes: Season tickets, country club membership Give specific information			
54.	Add ti	ne dollar value of all of your entries from Part 7. Write tha	t number here		\$0.00
Part	8:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$435,000.00
56.	Part 2	: Total vehicles, line 5	\$103,700.00		
		: Total personal and household items, line 15	\$45,250.00		
58.	Part 4	: Total financial assets, line 36	\$177,356.92		
59.		: Total business-related property, line 45	\$0.00		
60.		: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54 +	\$0.00		
62.	Total	personal property. Add lines 56 through 61	\$326,306.92	Copy personal property t	otal \$326,306.92
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$761,306.92

Official Form 106A/B Schedule A/B: Property page 8

Klein Enterprises LLC Assets & Liabilities

Assets

- (1) 17-21 E Walworth Street FMV of \$1,300,000.00 10 S Washington Street Elkhorn, WI 53121
- (2) Carpeted Deck Panel Trucks (5) FMV of \$1,000.00
- (3) 2012 GMC 3500 Savanna Cutaway FMV of \$13,000.00
- (4) 2011 GMC Savanna Cutaway FMV of \$12,000.00
- (5) 2007 Chevy Silverado Pickup FMV of \$5,700.00
- (6) 2002 Chevy Trailblazer FMV of \$4,500.00
- (7) 2001 GMC 7500 Cab & Chassis FMV of \$8,000.00
- (8) Business Checking Account 0517 \$376.09
- (9) Business Checking Account 1101 \$1,389.91
- (10) Business Checking Account 8127 \$78.53
- (11) Computers (10) FMV of \$4,700.00
- (12) Printers (5) FMV of \$700.00
- (13) Desks (8) FMV of \$1,800.00
- (14) Pallet Jack FMV of \$350.00
- (15) Step Rolling Safety Ladders (4) FMV of \$4,000.00
- (16) Metal Racks/Shelves (8) FMV of \$8,000.00
- (17) Packing Equipment (10) FMV of \$3,000.00
- (18) Hand Trucks (8) FMV of \$1,800.00
- (19) Camera Systems (6) FMV of \$4,600.00

Total Value of Assets: \$1,374,994.53

Liabilities

- (1) U.S. Small Business Administration \$684,424.60
 - a. Lien on 17-21 E Walworth Street, 10 S Washington Street
- (2) Associated Bank \$231,673.02
 - a. Lien on 17-21 E Walworth Street, 10 S Washington Street
- (3) A O Bauer Glass Inc \$501.00
- (4) Adams & Adams \$2,000.00
- (5) ADS Solid Waste Midwest, LLC \$1,711.18
- (6) Amazon Business Prime American Express \$3,174.94
- (7) American Express Delta Skymiles \$6,255.12
- (8) Capital One Business \$6,009.22
- (9) Chase Acct. 3318 \$46,458.08
- (10) Chase Acct. 8992 \$30,205.99
- (11) Chase Acct. 6101 \$16,336.89
- (12) Elkhorn Light & Water Dept. \$2,022.47
- (13) Harbor Freight/SYNCB \$1,617.94
- (14) Kidos LLC \$10,000.00
- (15) Lofy Landscaping \$1,405.00

(16)	Lowe's Advantage Card 6625 - \$9,917.98
(17)	Lowe's Business Advantage Card 0792 - \$3,688.00
(18)	Retail Service Systems, Inc \$129,728.90
(19)	Sam's Club – Synchrony - \$8,996.74
(20)	Seymour, Kremer, Koch LLP - \$1,175.00
(21)	Southern Lakes Plumbing & Heating, Inc \$846.90
(22)	Southwest Rapid Rewards - \$9,774.12
(23)	Transworld Systems Inc \$1,711.18
(24)	Wisetack, Inc \$5,910.35

Total Value of Liabilities: \$1,215,544.62

Assets Minus Liabilities: \$159,449.90

Fill in this infor	mation to identify your	case:		
Debtor 1	Robert E. Klein	Middle Name	Last Name	
Debtor 2	Kristy L. Klein			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT OF WISCONSIN		
Case number	25-22393			
(if known)		=======================================		☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/25

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	emption to a particular dollar amount and the child the applicable statutory amount.	e value of the proper	y is c	etermined to exceed that amoun	t, your exemption would be innited		
Pa	irt 1: Identify the Property You Claim as E	xempt					
1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.						
	You are claiming state and federal nonban	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)			
	☐ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)					
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.			
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption		
		Copy the value from Schedule A/B	Check only one box for each exemption.				
	1511 E Longneedle Lane Elkhorn, WI	\$435,000.00		\$150,000.00	Wis. Stat. § 815.20		
	53121 Walworth County LOT 41 THE PINES AS RECORDED IN CAB C SLIDE 44 WCR, LOCATED IN SE 1/4 & SW 1/4 SEC 5 T2N R17E. 25802 SQ FT CITY OF ELKHORN OMITS YV SE-21 PARCEL NUMBER YPI 00041 BILL NUMBER 743802 Line from Schedule A/B: 1.1		□ 100% of fair market value, up to any applicable statutory limit				
	2022 Dodge Durango 16,887 miles VIN: 1C4RDJDG4NC1888469	\$48,000.00		\$5,800.00	Wis. Stat. § 815.18(3)(g)		
	Line from Schedule A/B: 3.2	, <u> </u>		100% of fair market value, up to any applicable statutory limit			
	2011 Jeep Grand Cherokee 164,257	\$500.00		\$500.00	Wis. Stat. § 815.18(3)(g)		
mile VIN FM' Bro	niles IN: 1J4RR4GGOBCS17852 MV per Debtor Croke Down - Unfixable ine from Schedule A/B: 3.3			100% of fair market value, up to any applicable statutory limit			

Schedule C: The Property You Claim as Exempt

page 1 of 4

tor 2 Kristy L. Klein			Case number (if known)	25-22393
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Ame	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
2022 TAOT Moped 1,605 miles Silver Color	\$850.00		\$850.00	Wis. Stat. § 815.18(3)(g)
VIN: L9NTCBAEL1014162 Line from Schedule A/B: 3.4			100% of fair market value, up to any applicable statutory limit	
2022 TAOT Moped 894 miles Black Color	\$850.00		\$850.00	Wis. Stat. § 815.18(3)(g)
VIN: L9NTCBAB6L1013197 Line from Schedule A/B: 3.5			100% of fair market value, up to any applicable statutory limit	
Stove	\$700.00		\$700.00	Wis. Stat. § 815.18(3)(d)
ine from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
Refrigerator (2)	\$1,800.00		\$1,800.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.2			100% of fair market value, up to any applicable statutory limit	
Microwave (4)	\$300.00		\$300.00	Wis. Stat. § 815.18(3)(d)
ine from Schedule A/B: 6.3			100% of fair market value, up to any applicable statutory limit	
Washing Machine (2)	\$900.00		\$900.00	Wis. Stat. § 815.18(3)(d)
Line from Scriedule AVB. 0.4			100% of fair market value, up to any applicable statutory limit	
Oryer (2)	\$500.00		\$500.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.5			100% of fair market value, up to any applicable statutory limit	
Sofa (4)	\$2,600.00		\$2,600.00	Wis. Stat. § 815.18(3)(d)
_ine from Schedule A/B: 6.6			100% of fair market value, up to any applicable statutory limit	
Chairs (6)	\$200.00		\$200.00	Wis. Stat. § 815.18(3)(d)
_ine from Schedule A/B: 6.7			100% of fair market value, up to any applicable statutory limit	
Entertainment Center (2) Line from Schedule A/B: 6.8	\$400.00	ia.	\$400.00	Wis. Stat. § 815.18(3)(d)
Line nom <i>Schedule PVD</i> . 0.0			100% of fair market value, up to any applicable statutory limit	
Lamp (5) Line from <i>Schedule A/B</i> : 6.9	\$100.00		\$100.00	Wis. Stat. § 815.18(3)(d)
LING HUIN SCHEUUIC PVD. U.3			100% of fair market value, up to	

Official Form 106C

Schedule C: The Property You Claim as Exempt

any applicable statutory limit

or 2 Kristy L. Klein			Case number (if known)	25-22393
Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
Coffee Table and End Tables (2) Line from Schedule A/B: 6.10	\$100.00		\$100.00	Wis. Stat. § 815.18(3)(d)
Ellie Holli Schedule AVB. 0.10			100% of fair market value, up to any applicable statutory limit	
Bed (6)	\$2,200.00		\$2,200.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.11			100% of fair market value, up to any applicable statutory limit	
Bedroom Chairs (2)	\$250.00		\$250.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.12	-		100% of fair market value, up to any applicable statutory limit	
Dresser (8)	\$1,200.00		\$1,200.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.13			100% of fair market value, up to any applicable statutory limit	
Nightstand (6)	\$500.00		\$500.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.14			100% of fair market value, up to any applicable statutory limit	
Kitchen Table and Chairs	\$400.00		\$400.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.15	3		100% of fair market value, up to any applicable statutory limit	
Books	\$200.00		\$200.00	Wis. Stat. § 815.18(3)(d)
Line from <i>Schedule A/B</i> : 6.16			100% of fair market value, up to any applicable statutory limit	
Lawnmower	\$1,100.00		\$1,100.00	Wis. Stat. § 815.18(3)(d)
Line from <i>Schedule A/B</i> : 6.17			100% of fair market value, up to any applicable statutory limit	
Snowblower	\$1,000.00		\$1,000.00	Wis. Stat. § 815.18(3)(d)
Line from <i>Schedule A/B</i> : 6.18			100% of fair market value, up to any applicable statutory limit	
Misc. Outdoor Furniture Line from Schedule A/B: 6.19	\$2,200.00		\$2,200.00	Wis. Stat. § 815.18(3)(d)
			100% of fair market value, up to any applicable statutory limit	
Misc. Household Tools	\$6,000.00		\$6,000.00	Wis. Stat. § 815.18(3)(d)
Line from Schedule A/B: 6.20			100% of fair market value, up to any applicable statutory limit	

Official Form 106C

Schedule C: The Property You Claim as Exempt

Debtor 1 Robert E. Klein Debtor 2 Kristy L. Klein			Case number (if known)		25-22393	
	f description of the property and line on edule A/B that lists this property	Current value of the Amount of the exemption you claim Sportion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
	c. Pet Items	\$1,500.00		\$1,350.00	Wis. Stat. § 815.18(3)(d)	
Line	Hoff Schedule A/B. 5.21		☐ 100% of fair market value, up to any applicable statutory limit			
	ecking: Personal Checking	onal Checking \$907.02 \$90		\$907.02	Wis. Stat. § 815.18(3)(k)	
Bal	ance as of 03/24/2025 from <i>Schedule A/B</i> : 17.1		100% of fair market value, up to any applicable statutory limit			
3. Are (Sui	you claiming a homestead exemptior oject to adjustment on 4/01/28 and every	n of more than \$214,00 3 years after that for ca	0? ases fi	led on or after the date of adjustmer	it.)	
	No					
	Yes. Did you acquire the property cove	red by the exemption w	ithin 1	,215 days before you filed this case	?	
	□ No					
	☐ Yes					

Schedule C: The Property You Claim as Exempt

Fill i	n this information to identify yo	ur case:	WILLIAM		
Deb	11000110011111011	Middie Name Last Name			
Deb	First Name tor 2 Kristy L. Klein	Wildle Name Last Name			
(Spou	se if, filing) First Name	Middle Name Last Name			
Unite	ed States Bankruptcy Court for the	EASTERN DISTRICT OF WISCONSIN			
Case	e number 25-22393				
(if kno	wn)				if this is an led filing
0.55					Ū
	cial Form 106D	151-10 STD2 STD2			
Sc	hedule D: Creditors	s Who Have Claims Secured	by Propert	У	12/15
numb 1. Do [I	er (if known). any creditors have claims secured I No. Check this box and submit Yes. Fill in all of the information	this form to the court with your other schedules. Yo			
Part			Column A	Column B	Column C
for ea	ach claim. If more than one creditor ha as possible, list the claims in alphabe	more than one secured claim, list the creditor separately is a particular claim, list the other creditors in Part 2. As tical order according to the creditor's name.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any \$0.00
2.1	Ally Creditor's Name	Describe the property that secures the claim: 2022 Dodge Durango 16,887 miles	\$39,042.96	\$48,000.00	\$0.00
	Payment Processing	VIN: 1C4RDJDG4NC1888469			
	Center PO Box 71119 Charlotte, NC 28272-1119	As of the date you file, the claim is: Check all that apply.			
	Number, Street, City, State & Zip Code	Unliquidated			
Who	owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
	ebtor 1 only	An agreement you made (such as mortgage or section)	ured		
_	ebtor 2 only	car loan)			
	ebtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
	t least one of the debtors and another	☐ Judgment lien from a lawsuit			

☐ Other (including a right to offset)

Last 4 digits of account number

8908

 $\hfill\square$ Check if this claim relates to a

Date debt was incurred 07/27/2023

community debt

Debtor 1 Robert E. Klein		Case number (if known)	25-22393	
First Name Middle N	ame Last Name			
Debtor 2 Kristy L. Klein First Name Middle N	ame Last Name			
First Marile Middle M	ane Last Name			
Roundpoint Mortgage		****	4404 000 00	00.00
2.2 Servicing LLC	Describe the property that secures the claim:	\$217,607.71	\$435,000.00	\$0.00
Creditor's Name	1511 E Longneedle Lane Elkhorn,			
	WI 53121 Walworth County			
	IN CAB C SLIDE 44 WCR, LOCATED			
	IN SE 1/4 & SW 1/4 SEC 5 T2N R17E.			
	25802 SQ FT CITY OF ELKHORN			
	OMITS YV SE-21			
	PARCEL NUMBER YPI 00041			
	BILL NUMBER 74380			
P.O. Box 674150	As of the date you file, the claim is: Check all that apply.			
Dallas, TX 75267-4150	Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply:			
Debtor 1 only	An agreement you made (such as mortgage or s	ecured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	Other (including a right to offset)			
•				
Date debt was incurred	Last 4 digits of account number 5748			
2.3 Wells Fargo Auto	Describe the property that secures the claim:	\$37,272.98	\$53,000.00	\$0.00
Creditor's Name	2022 Ram 1500 Crew Cab 46,782			
	miles VIN: 1C6SRFFTONN233185			
	As of the date you file, the claim is: Check all that			
PO Box 17900 Denver, CO 80217-0900	apply.			
·	☐ Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or s	secured		
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a				
community debt				
Date debt was incurred	Last 4 digits of account number 7206	<u>. </u>		
Add the dellar value of your entries in C	olumn A on this page. Write that number here:	\$293,923	3.65	
If this is the last page of your form, add				
Write that number here:		\$293,92	0.00	
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this in	nformation to identify your o	case:				
Debtor 1	Robert E. Klein					
	First Name	Middle Name	Last Name			
Debtor 2	Kristy L. Klein	Battellin Maria	Last Name			
(Spouse if, filing) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the:	EASTERN DIST	TRICT OF WISCONSIN			
Case number	er 25-22393					
(if known)					_	eck if this is an ended filing
					ann	maca ming
Official F	orm 106E/F					
	e E/F: Creditors W	ho Have III	nsecured Claims			12/15
			rs with PRIORITY claims and Part	2 for creditors with NON	DDIODITY claims	List the other party to
	e number (if known). ist All of Your PRIORITY Un	secured Claims				
1. Do any c	reditors have priority unsecure	d claims against yo	ou?			
□ No. G	o to Part 2					
Yes.						
 List all of identify w possible, 	hat type of claim it is. If a claim ha	is both priority and near according to the c	ore than one priority unsecured clair conpriority amounts, list that claim he reditor's name. If you have more tha e other creditors in Part 3.	ere and show both priority a	nd nonpriority ame	ounts. As much as
			or this form in the instruction bookle	t.)		
(,			Total claim	Priority amount	Nonpriority amount
2.1 Inte	ernal Revenue Service	Last 4	I digits of account number	\$11,986.00	\$0.	
	ity Creditor's Name					—> :
	olvency Unit	When	was the debt incurred?		-	
). Box 7346	•				
	ladelphia, PA 19101-7346 ber Street City State Zip Code		the date you file, the claim is: Che	eck all that apply		
	curred the debt? Check one.	_	ontingent			
☐ Debi	tor 1 only	_	nliquidated			
☐ Debi	tor 2 only	_	sputed			
-	tor 1 and Debtor 2 only		of PRIORITY unsecured claim:			
_	ast one of the debtors and anothe	П.	omestic support obligations			
_			,,,	the government		
	ck if this claim is for a commur	iity debt	xes and certain other debts you owe aims for death or personal injury whi	_		
10	laim subject to offset?		,	io jou word intoxicuted		
No No		⊔ Ot	her. Specify			

☐ Yes

Personal Income Tax - 2023 Tax Return

	or 1 Robert E. Klein or 2 Kristy L. Klein			Case number (if known)	25-22393	
2,2	Wisconsin Department of Revenue	Last 4 digits of accou	ınt number	\$2,065.00	\$2,06	5.00 \$0.00
	Priority Creditor's Name ATTN: Bankruptcy Unit, MS 5-144 P.O. Box 8901	When was the debt in	ncurred?			
	Madison, WI 53708-8901	A EAL data EI	. Also slaims is:	Charle all that apply		
,	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file	e, the Claim is:	Check all that apply		
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	Unliquidated				
5	_	☐ Disputed				
-	Debtor 1 and Debtor 2 only	Type of PRIORITY un				
	\square At least one of the debtors and another	☐ Domestic support of	bligations			
	Check if this claim is for a community debt	Taxes and certain	•			
1	s the claim subject to offset?	Claims for death or	personal injury	while you were intoxicated		
	■ No	Other. Specify		T 2000 T D	4	
	☐ Yes	Р	ersonal inco	ome Tax - 2023 Tax Re	eturn	
4. Li ur th	I No. You have nothing to report in this part. Submit Yes. st all of your nonpriority unsecured claims in the secured claim, list the creditor separately for each can one creditor holds a particular claim, list the other art 2. Associated Bank Nonpriority Creditor's Name	e alphabetical order of t claim. For each claim liste r creditors in Part 3.If you Last 4 digits of ac	he creditor who d, identify what t have more than count number	p holds each claim. If a credi ype of claim it is. Do not list o three nonpriority unsecured of 1115	laims already incl	luded in Part 1. If more
	200 North Adams Street P.O. Box 19097 Green Bay, WI 54307-9097	When was the det	t incurred?	06/10/2021		5
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you	file, the claim	s: Check all that apply		
	Debtor 1 only	☐ Contingent		80		
	Debtor 2 only	☐ Unliquidated				
	☐ Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIO	RITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans				
	debt Is the claim subject to offset?	Obligations aris report as priority cla		ration agreement or divorce t	hat you did not	
	■ No			g plans, and other similar del	ots	
		_	Associated property 17-21 E Wa Street Elkh	Guaranteed by Debto Bank lien on Walwor Iworth Street 10 S Wa orn, WI 53121 Walwo	th Street ashington	
	☐ Yes	Other Specify	TIN: YOP 0	0193		2

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Debtor	2 Kristy L. Klein		Case number (if known)	25-22393	
4.2	Associated Bank	Last 4 digits of account number	0955		\$248,951.59
	Nonpriority Creditor's Name 200 North Adams Street P.O. Box 19097	When was the debt incurred?	08/10/2023		V2 10,00 1100
	Green Bay, WI 54307-9097 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	Пол			
	Debtor 2 only	☐ Contingent			
	Debtor 1 and Debtor 2 only	☐ Unliquidated			
		☐ Disputed Type of NONPRIORITY unsecure	ed claim:		
	At least one of the debtors and another	Student loans	d olaili.		
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	_ 110	Personally	Guaranteed by Debt	ors	
	☐ Yes	Other. Specify Associated	d Bank 2nd lien on ac	counts	
4.3	Best Buy Credit Services Nonpriority Creditor's Name	Last 4 digits of account number	0439		\$1,871.99
	PO Box 6061 Carol Stream, IL 60197-6061	When was the debt incurred?	Mult.		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a sep report as priority claims	aration agreement or divorce	that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar de	ebts	
	☐ Yes	Other. Specify Credit care	d purchases		
4.4	Capital One	Last 4 digits of account number	8891	-	\$5,842.10
	Nonpriority Creditor's Name P.O. Box 7683 San Francisco, CA 94120-7683	When was the debt incurred?	Mult.		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
	☐ Check if this claim is for a community	Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a sep report as priority claims	aration agreement or divorce	e that you did not	
	No	Debts to pension or profit-shari	ng plans, and other similar d	ebts	
		·			
	Yes	Other Specify Credit care	u pui ciiases		

Page 3 of 10

Mospriority Creditor's Name Cardmember Services PO Box 6294 Carol Stream, IL 60197-6294 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 4 only Debtor 1 only Debtor 4 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 tream, IL 60197-6294 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only De	Debtor 2	1 Robert E. Klein 2 Kristy L. Klein		Case number (if known)	25-22393			
Cardmember Services PO Box 6294 Carol Stream, IL 60197-6294 Namber Streak City Slate 2 (Gode Who Incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed			Last 4 digits of account number	7735	-	\$23,585.08		
Number Street City State Zip Code Who incurred the debt/2 Check one Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community obt Is the claim subject to offset? Shudent loans Other: Specify Contengent Other: Specify Coreditors Name Cardmember Services P.O. Box 6294 Number Street City State Zip Code Who incurred the debt/2 Check one Debtor 1 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 8 and 8 a		Cardmember Services	When was the debt incurred?	Mult.				
Debtor 1 only	-	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply				
Debtor 2 only			_					
Debtor 1 and Debtor 2 only		<u>.</u>	_					
At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim subject to offset? Check if this claim subject to offset? Check if this claim subject to offset? Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one.		_ '	_					
Student loans Student loans Student loans Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority Creditor's Name Others. Specify Credit card purchases 4.5 Chase Sapphire Last 4 digits of account number 5779 \$14,878.35 4.6 Chase Sapphire Last 4 digits of account number 5779 \$14,878.35 4.7 Consistent Last 4 digits of account number 5779 \$14,878.35 4.7 Citi Diamond Preferred Card Norphorny Creditor's Name Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agre			'	ر مامام ام				
Check if this claim is for a community debt steel claim subject to offset? Contingent Co				ed Claim.				
No		debt	☐ Obligations arising out of a sep	aration agreement or divorce	hat you did not			
Chase Sapphire Cardmember Services P.O. Box 6294 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Ves Citi Diamond Preferred Card Nonpriotity Creditors Name Check if this claim is for a community debt Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Conly Debtor 2 only Uniquidated Check if this claim is for a community debt Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debtor and another Cit Cards Debtor 1 only Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Conly Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 3 only Debtor 4 and Debtor 5 only Debtor 3 only Debtor 4 and Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 8 only Debtor 9 on		Aveta.		la companya da de la	-4-			
A.8 Chase Sapphire Nonpriority Creditor's Name Cardmember Services P.O. Box 6294 Carol Stream, IL 60197-6294 Number Street (Ity) State Zp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Chase if this claim is for a community debt Is the claim subject to offset? No Debtor 1 only Citi Diamond Preferred Card Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sloux Falls, SD 57117 Number Street (Ity) State Zp Code Who incurred the debtor and another Citi Diamond Preferred Card Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sloux Falls, SD 57117 Number Street (Ity) State Zp Code Who incurred the debtor and another Citi Cards P.O. Box 6500 Sloux Falls, SD 57117 Number Street (Ity) State Zp Code Who incurred the debtor and another Check if this claim is for a community debt State on the debtor and another Citi Cards P.O. Box 6500 Sloux Falls, SD 57117 Number Street (Ity) State Zp Code Who incurred the debtor and another Check if this claim is for a community debt Student loans Contingent Uniquidated Disputed Disputed Disputed Disputed Disputed Student loans Collegations arising out of a separation agreement or divorce that you did not report as priority claims Student loans Contingent Uniquidated Disputed Disputed Disputed Disputed Disputed Student loans Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims Collegations arising out of a separation agreement or divorce that you did not report as priority claims			·		DIS			
Nonpriority Creditor's Name Cardmember Services P.O. Box 6294 Carol Stream, IL 60197-6294 Number Street City State Jp Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Contingent Disputed		☐ Yes	Other. Specify Credit card	d purchases				
Cardmember Services P.O. Box 6294 Carol Stream, IL 60197-6294 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Unliquidated			Last 4 digits of account number	5779		\$14,878.35		
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only	(Cardmember Services	When was the debt incurred?	Mult.				
Who incurred the debt? Check one. Debtor 1 only								
Debtor 1 only			As of the date you file, the claim	is: Check all that apply				
Debtor 2 only		unu	П					
Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts No			_					
At least one of the debtors and another Check if this claim is for a community debt Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims No Debts to pension or profit-sharing plans, and other similar debts Yes Other. Specify Credit card purchases								
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Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit card purchases 4.7 Citi Diamond Preferred Card Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Contingent Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Disputed At least one of the debtors and another Student loans Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts \$2,150.82		debt	☐ Obligations arising out of a sep	aration agreement or divorce	that you did not			
Citi Diamond Preferred Card Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Other. Specify Credit card purchases # 1810 \$2,150.82 When was the debt incurred? Mult. Check all that apply # Contingent Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 debt incurred? ### As of the date you file, the claim is: Check all that apply ### As of the date you file, the claim is: Check all that apply		•	<u> </u>	ng plans, and other similar de	ots			
A.7 Citi Diamond Preferred Card Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number Mult. When was the debt incurred? Mult. As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Check all that apply Student loaim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply			·					
Nonpriority Creditor's Name Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? Mult. Check all that apply As of the date you file, the claim is: Check all that apply Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 and Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 NONPRIORITY unsecured claim: Debtor 6 NONPRIORITY unsecured claim: Debtor 6 NONPRIORITY unsecured claim: Debtor 7 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 8 None Debtor 2 only Debtor 9 None Debtor 9 Non			- Other, Specify					
Citi Cards P.O. Box 6500 Sioux Falls, SD 57117 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? Mult. As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NonPriority claims: Disputed Type of NonPriority claims: Disputed Type of NonPriority claims			Last 4 digits of account number	1810	=	\$2,150.82		
Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debts to pension or profit-sharing plans, and other similar debts		Citi Cards	When was the debt incurred?	Mult.				
Who incurred the debt? Check one. Debtor 1 only			A FAb - data file Ab lai-	to Observation Without manks				
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		•	As of the date you file, the claim	is: Cneck all that apply				
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts			П о					
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		_	_					
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		_						
☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts			<u>'</u>	ed claim:				
debt								
Is the claim subject to offset? report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts				aration agreement or divorce	that you did not			
		ls the claim subject to offset?		•	•			
☐ Yes ☐ Other, Specify Credit card purchases		No No	• •	• •	bts			
		☐ Yes	Other Specify Credit care	d purchases				

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Debtor Debtor	1 Robert E. Klein 2 Kristy L. Klein	Case number (if known) 25-223	393
4.8	Credit One Bank	Last 4 digits of account number 0118	\$1,804.69
	Nonpriority Creditor's Name P.O. Box 60500 City of Industry, CA 91716	When was the debt incurred? Mult.	
	Number Street City State Zip Code Who incurred the debt? Check one,	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims	i not
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4.9	Credit One Bank Nonpriority Creditor's Name	Last 4 digits of account number 0188	\$1,715.84
	P.O. Box 60500	When was the debt incurred? Mult.	
	City of Industry, CA 91716 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	• ,	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	□ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you divergent as priority claims	1 not
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card purchases	
4,1	Discover	Last 4 digits of account number 2503	\$13.941.46
0	Nonpriority Creditor's Name	East 4 digital of aboodile fidulistic	
	P.O. Box 6103	When was the debt incurred? Mult.	
	Carol Stream, IL 60197-6103 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	•	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	d not
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you direport as priority claims	J HUL
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Credit card purchases	

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Debtor Debtor	1 Robert E. Klein 2 Kristy L. Klein		Case number (if known) 25-223	93
4.1	Discover	Last 4 digits of account number	4772	\$10,191.69
	Nonpriority Creditor's Name P.O. Box 6103 Carol Stream, IL 60197-6103	When was the debt incurred?	Mult.	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	og plans, and other similar debts	
	■ No □ Yes	Other, Specify Credit card		
	Li res	Other, Specify	7 paronasso	
4.1	Maurices Credit Card	Last 4 digits of account number	2545	\$343.45
	Nonpriority Creditor's Name P.O. Box 650973 Dallas, TX 75265-0973	When was the debt incurred?	Mult.	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	d alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	a ciaim:	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did	not
	Is the claim subject to offset?	report as priority claims	aration agreement of divorce that you did	not
	■ No	Debts to pension or profit-sharing		
	☐ Yes	Other. Specify Credit card	d purchases	
4.1				40.004.74
3	Mercy Health System	Last 4 digits of account number	2997	\$6,084.74
	Nonpriority Creditor's Name 1000 Mineral Point Road Janesville, WI 53548	When was the debt incurred?	Mult.	
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	aration agreement or divorce that you did	I not
	■ No	Debts to pension or profit-shari	ng plans, and other similar debts	

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☐ Yes

Other Specify Medical expense

	Robert E. Klein Kristy L. Klein		(Case number (if known)	25-22393	
4.1	Nelnet	Last 4 digits of acc	ount number	2406		\$46,539.77
	Nonpriority Creditor's Name US Department of Education PO Box 2837	When was the debt			·	,
	Portland, OR 97208-2837 Number Street City State Zip Code	As of the date you	file, the claim is	s: Check all that apply		
1	Who incurred the debt? Check one,	_				
	Debtor 1 only	☐ Contingent				
]	Debtor 2 only	☐ Unliquidated				
ļ	Debtor 1 and Debtor 2 only	☐ Disputed				
	At least one of the debtors and another	Type of NONPRIOR	ITY unsecured	l claim:		
[☐ Check if this claim is for a community	Student loans				
	debt	Obligations arisin	that you did not			
	s the claim subject to offset?	report as priority clair		g plans, and other similar de	ahta	
	■ No		or pront-snaring	y piaris, and other similar de	5013	
	☐ Yes	Other Specify	Student loa	_		
			Student loa	<u>n</u>		
	Retail Service Systems, Inc.	Last 4 digits of acc	ount number		-	\$129,728.90
!	Nonpriority Creditor's Name 6221 Riverside Drive Suite 1N Dublin, OH 43017	When was the debt	incurred?	02/11/2025		
ī	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you				
1	Debtor 1 only	☐ Contingent				
1	Debtor 2 only	☐ Unliquidated				
1	Debtor 1 and Debtor 2 only	☐ Disputed				
1	☐ At least one of the debtors and another	Type of NONPRIOR	RITY unsecured	l claim:		
	Check if this claim is for a community	☐ Student loans				
	debt			ration agreement or divorce	that you did not	
	s the claim subject to offset?	report as priority clai				
	No No	•		g plans, and other similar de		
1	□ Yes	= :	Klein 1. Any colla	urity Agreement with steral acquired with t f this loan. 2. Invent	the	

Debtor 1 Debtor 2	Robert E. Klein Kristy L. Klein		Case number (if known)	25-22393	
0	Small Business Administration	Last 4 digits of account number	9105	2 	\$684,424.60
1	Nonpriority Creditor's Name 14925 Kingsport Road Fort Worth, TX 76155-2243	When was the debt incurred?	01/31/2022	72	
1	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply		
	Debtor 1 only	☐ Contingent			
Ţ	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
_	☐ At least one of the deptors and another ☐ Check if this claim is for a community	☐ Student loans			
c	in Check it this claim is for a community debt s the claim subject to offset?	Obligations arising out of a sep	aration agreement or divorce	e that you did not	
	■ No	Debts to pension or profit-shari	ng plans, and other similar d	ebts	
	⊒ Yes	Personally SBA 7a Lo 17-21 E W	Guaranteed by Debto oan alworth Street 10 S W norn, WI 53121 Walw	tors /ashington	
	Synchrony Bank/Amazon	Last 4 digits of account number	6426	_	\$509.61
- 1	Nonpriority Creditor's Name P.O. Box 71711 Philadelphia, PA 19176-1711	When was the debt incurred?	Mult.		
7	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
1	Who incurred the debt? Check one.				
Ι	Debtor 1 only	☐ Contingent			
1	Debtor 2 only	☐ Unliquidated			
ſ	Debtor 1 and Debtor 2 only	☐ Disputed			
Ţ	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:		
ŗ	☐ Check if this claim is for a community	☐ Student loans			
	debt s the claim subject to offset?	Obligations arising out of a sepreport as priority claims	paration agreement or divorce	e that you did not	
)	No	Debts to pension or profit-shari	ing plans, and other similar d	ebts	
ı	Yes	Other. Specify Credit care	d purchases		
4.1	TJX Rewards/Synchrony Bank	Last 4 digits of account number	3109		\$236.96
	Nonpriority Creditor's Name PO Box 669818	When was the debt incurred?	Mult.		
1	Dallas, TX 75266-0772 Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated	8		
	Debtor 1 and Debtor 2 only	Disputed	ad alaim.		
	At least one of the debtors and another	Type of NONPRIORITY unsecure Student loans	eo cialm:		
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a ser	arotion agreement or divers	e that you did not	
	geot Is the claim subject to offset?	report as priority claims	paration agreement of tilVorce	e mai you did not	
	■ No	Debts to pension or profit-shar	ing plans, and other similar d	lebts	
	□ Yes	Other Specify Credit car	d purchases		

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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	1 Robert E. Klein 2 Kristy L. Klein		Case number (if known)	25-22393
4.1	Ulta Beauty Rewards Credit Card	Last 4 digits of account number	4637	\$181.95
9	Nonpriority Creditor's Name PO Box 650964	When was the debt incurred?	Mult.	
	Dallas, TX 75265-0964	A state data was file the elec-	in. Obselved that apply	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	П		
	_	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed	1.1.1	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sep	aration agreement or divorce	that you did not
	Is the claim subject to offset?	report as priority claims		
	No No	Debts to pension or profit-shari	•	DIS
	☐ Yes	Other. Specify Credit card	d purchases	
is trying to collect from you for a debt you owe to so have more than one creditor for any of the debts the notified for any debts in Parts 1 or 2, do not fill out of Name and Address Associated Bank, N.A. 330 E. Kilbourne Ave, Ste 200 Milwaukee, WI 53202		omeone else, list the original creditor in	n Parts 1 or 2, then list the o	or 2. For example, if a collection agence collection agency here. Similarly, if you
have notifi Name a Associ 330 E	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line <u>4.16</u> of (<i>Check one):</i>	itional creditors here. If you	ty Unsecured Claims
Name a Associ 330 E Milwa	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 tukee, WI 53202	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp	ty Unsecured Claims
Name a Associ 330 E Milwa	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 tukee, WI 53202	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 ulist the original creditor?	collection agency here. Similarly, if you and not have additional persons to be ty Unsecured Claims riority Unsecured Claims
Name a Carls c/o Ki	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 tukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp	ty Unsecured Claims
Name a Associate Milwa Name a Carls: c/o Ki 216 S Suite	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 tukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 list the original creditor? Part 1: Creditors with Priori	ty Unsecured Claims
Name a Association Name a Association Name a Carls c/o Ki 216 S Suite Chica	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Killbourne Ave, Ste 200 nukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ago, IL 60661	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 u list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp	ty Unsecured Claims ty Unsecured Claims ty Unsecured Claims ty Unsecured Claims
Name a Association Name a Carls Clo Ki 216 S Suite Chica	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 nukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 60661 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 60661	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 ulist the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp	ty Unsecured Claims
Name a Association Name a Carls Clo Ki 216 S Suite Chica	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Killbourne Ave, Ste 200 nukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 60661 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 607 nd Address on Dash, LLC urt M. Carlson Jefferson Street	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 ulist the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp ulist the original creditor? Part 1: Creditors with Priori	ty Unsecured Claims
Name a Associate Milwa Name a Carls c/o Ki 216 S Suite Chica Name a Carls c/o Ki 216 S Suite Chica	more than one creditor for any of the debts the defor any debts in Parts 1 or 2, do not fill out and Address ciated Bank, N.A. Kilbourne Ave, Ste 200 nukee, WI 53202 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 60661 and Address on Dash, LLC urt M. Carlson Jefferson Street 504 ngo, IL 60661	at you listed in Parts 1 or 2, list the add or submit this page. On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.1 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one): Last 4 digits of account number On which entry in Part 1 or Part 2 did you Line 4.16 of (Check one):	itional creditors here. If you list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp 6181 u list the original creditor? Part 1: Creditors with Priori Part 2: Creditors with Nonp u list the original creditor? Part 2: Creditors with Priori Part 2: Creditors with Priori	ty Unsecured Claims Ity Unsecured Claims

On which entry in Part 1 or Part 2 did you list the original creditor? Name and Address Emerge180, Inc Line 4.2 of (Check one): 13902 N Dale Mabry Hwy #225 Tampa, FL 33618

☐ Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

☐ Part 1: Creditors with Priority Unsecured Claims Line 4.1 of (Check one):

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

Official Form 106 E/F

Name and Address

2 North Street, Suite 320

Birmingham, AL 35203

U.S. Small Business Administration

Schedule E/F: Creditors Who Have Unsecured Claims

Page 9 of 10

Debtor 1 Robert E. Klein

Debtor 2 Kristy L. Klein Case number (if known)

25-22393

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 14,051.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 14,051.00
Fotal	6f.	Student loans	6f.	\$ Total Claim 46,539.77
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 1,378,116.84
	6j.	Total Nonpriority. Add lines 6f through 6i	6j.	\$ 1,424,656.61

Fill in this info	rmation to identify your	case:		
Debtor 1	Robert E. Klein			
	First Name	Middle Name	Last Name	
Debtor 2	Kristy L. Klein			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	Bankruptcy Court for the:	EASTERN DISTRICT C	FWISCONSIN	
Case number	25-22393			
(if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
 - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code

State what the contract or lease is for

Retail Service Systems, Inc. 6221 Riverside Drive Suite 1N **Dublin, OH 43017**

License and Dealer Agreement dated 03/28/2017 and amended on 08/28/2017. The term of the License will begin on the Effective Date and end, unless sooner terminated in accordance with this Agreement, on the tenth (10th) anniversary of that date.

Page 1 of 1

Fill in th	is information to identify your	case:			
Debtor 1	Robert E. Klein				
	First Name	Middle Name	Last Name		
Debtor 2		APTH. WOOD	t and Marine		
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	states Bankruptcy Court for the:	EASTERN DISTRICT OF W	ISCONSIN		
	h				
Case nu (if known)	mber 25-22393				☐ Check if this is an
(II KIIOWII)					amended filing
Offici	al Form 106H				
	dule H: Your Cod	ahtare			12/15
SCITE	dule II. Toul Cou	entors			12.10
eople a ill it out, our nan	and number the entries in the ne and case number (if known)	ally responsible for supplyir boxes on the left. Attach the Answer every question.	ng correct informat e Additional Page t	tion. If more space is ne to this page. On the top	eded, copy the Additional Page,
1. D	o you have any codebtors? (If	you are filing a joint case, do n	ot list eitner spouse	as a codebtor.	
□N	lo				
Y	es				
2. W	/ithin the last 8 vears, have you	ı lived in a community prope	erty state or territor	ry? (Community property	states and territories include
Ariz	ona, California, Idaho, Louisiana	Nevada, New Mexico, Puerto	Rico, Texas, vvasn	ington, and vvisconsin.)	
□N	lo. Go to line 3.				
■ Y	es. Did your spouse, former spo	use, or legal equivalent live wif	th you at the time?		
	□ No				
	Yes.				
	In which community stat	e or territory did you live?	-NONE-	. Fill in the name and	d current address of that person.
	Name of your spouse, former sp				
	Number, Street, City, State & Zip				
in li Fori	ne 2 again as a codebtor only i	if that person is a quarantor	or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official schedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and Z	IP Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt s that apply:
•					_
3.1	Klein Enterprises LLC			☐ Schedule D, lin	
	17 E Walworth Street Elkhorn, WI 53121			Schedule E/F,	
	fka BoxDrop Elkhorn LLC	;		☐ Schedule G Associated Bank	
	fka BoxDrop Janesville L			Associated Bank	•
	fka Klein Investment Prop	orties LLC			
3.2	Klein Enterprises LLC			☐ Schedule D, lin	
	17 E Walworth Street			Schedule E/F,	-
	Elkhorn, WI 53121	•		☐ Schedule G	
	fka BoxDrop Elkhorn LLC fka BoxDrop Janesville L			Associated Bank	ζ
	fka Klein Investment Prop				

Schedule H: Your Codebtors Page 1 of 2

Official Form 106H

Debtor 1	Robert E. Klein Kristy L. Klein	Case number (if known)	25-22393
	Additional Page to List More Codebtors		
	Column 1: Your codebtor	Column 2: The c Check all schedu	reditor to whom you owe the debt les that apply:
3.3	Klein Enterprises LLC 17 E Walworth Street Elkhorn, WI 53121 fka BoxDrop Elkhorn LLC fka BoxDrop Janesville LLC fka Klein Investment Proprties LLC	☐ Schedule D, ☐ Schedule E/I ☐ Schedule G Small Busines	

Official Form 106H Schedule H: Your Codebtors Page 2 of 2

Fill in this inform	ation to identify your case:	
Debtor 1	Robert E. Klein	
Debtor 2 (Spouse, if filing)	Kristy L. Klein	
United States Ba	ankruptcy Court for the: EASTERN DISTRICT OF WISCONSIN	
Case number	25-22393	Check if this is:
(If known)		☐ An amended filing ☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	orm 106I	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	■ Employed	■ Employed
attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
employers.	Occupation	Self-Employed	DIV Business Coach
Include part-time, seasonal, or self-employed work.	Employer's name	Klein Enterprises	Socialyn Marketing LLC
Occupation may include student or homemaker, if it applies.	Employer's address	10 S Washington Street Elkhorn, WI 53121	1511 E Longneedle Lane Elkhorn, WI 53121
	How long employed to	here? 03/09/2017 - Current	08/28/2023 - Current

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

		For Debtor 1	For Debtor 2 or non-filing spouse			
2.	\$	0.00	\$	0.00		
3.	+\$	0.00	+\$	0.00		
4,	\$	0.00	\$	0.00		

Official Form 106I Schedule I: Your Income page 1

Case number (if known) 25-22393

				For I	Debtor 1	For Debto	
	Copy	line 4 here	4.	\$	0.00	\$	0.00
5.	Liet:	all payroll deductions:					
J .			5a.	S	0.00	\$	0.00
	5a.	Tax, Medicare, and Social Security deductions		s —	0.00	\$	
	5b.	Mandatory contributions for retirement plans	5b.	- E	0.00		0.00
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00
	5e.	Insurance	5e.	\$	0.00	\$	0.00
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00
	5g.	Union dues	5g.	\$	0.00	\$	0.00
	5h.	Other deductions. Specify:	5h.+	\$	0.00	+ \$	0.00
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	0.00
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7∞	\$	0.00	\$	0.00
8.	List a	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce	OD.	* —	0.00	*	0.00
		settlement, and property settlement.	8c.	\$	0.00	\$	0.00
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00
	8e.	Social Security	8e.	\$	0.00	\$	0.00
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	0.00
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00
	8h.	Other monthly income. Specify: April 2025	: 8h.+	\$	2,800.00	+ \$	0.00
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	2,800.00	\$	0.00
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	2	,800.00 + \$_	0.00	= \$ 2,800.00
11.	State Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your friends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not a	depend			ed in Schedu	ule J. . +\$ 0.00
12.	Add Write appli	the amount in the last column of line 10 to the amount in line 11. The resist that amount on the Summary of Schedules and Statistical Summary of Certaines	ult is th n <i>Liabii</i>	e com lities ar	bined monthly in nd Related <i>Data</i>	icome. , if it 12	Combined
13.	Do y □	ou expect an increase or decrease within the year after you file this form'	?				monthly income
		Yes. Explain: Debtor one will be starting new employment in a Debtor two has not taken draws from Socialyn M on increasing that LLC's income.	dditio arketi	n to h ng ye	is work with t in the past s	Klein Ente six months	rprises LLC. s, but is working

Official Form 106I Schedule I: Your Income page 2

Fill	in this infor	mation to identify yo	ur case:						
Deb	tor 1	Robert E. Kle	in					f this is:	
	otor 2 ouse, if filing)	Kristy L. Klei	n				A s		ring postpetition chapter the following date:
Unit	ed States Ba	nkruptcy Court for the:	EASTE	RN DISTRICT OF WISCO	NSIN		M	M / DD / YYYY	
	e number nown)	25-22393							
O1	fficial F	Form 106J							
Sc	chedu	le J: Your l	Exper	ises					12/15
Be info	as comple ormation. If	te and accurate as	possible. eded, atta	If two married people ar ch another sheet to this	e filing together, bo form. On the top of	oth are ed any addi	ually tiona	y responsible fo al pages, write y	r supplying correct our name and case
Par		scribe Your House	hold						
1.		oint case?							
	14-21	o to line 2. Joes Debtor 2 live i	n a canar	ata hausahald?					
			II a Separ	ate nousenoid?					
		No Yes. Debtor 2 mus	t file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	hold of De	ebtor	2.	
2.	Do vou h	ave dependents?	□ No						
	-	t Debtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?
	Do not sta	ate the							□ No
	depender	nts names.			Daughter			10	■ Yes □ No
					Son			16	Yes
					Son			17	□ No ■ Yes
					Son			23	□ No ■ Yes
3.	Do your	expenses include			3011				- res
J.	expenses	s of people other the and your depender	han 🗂	No Yes					
exp	imate vour	of a date after the b	our bankri	y Expenses uptcy filing date unless y y is filed. If this is a supp	ou are using this follomental Schedule	orm as a s	supp the	element in a Cha box at the top o	pter 13 case to report f the form and fill in the
the	lude exper value of s ficial Form	uch assistance and	non-cash i d have inc	government assistance i luded it on Schedule I: Y	f you know our income			Your exp	enses
4.		al or home owners		ses for your residence. I r lot.	nclude first mortgage	e 4.	\$		1,922.00
	If not inc	luded in line 4:							
	4a. Re	al estate taxes				4a.	\$		0.00
		perty, homeowner's	s, or renter	's insurance		4b.	1000		0.00
		me maintenance, re	•			4c.			0.00
5.		meowner's associat		dominium dues o ur residence , such as ho	me equity loans	4d. 5	5		0.00
υ.	Addition	ai mortgage payme	anto ioi ye	our residence, such as no	me equity loans	J.	1.00		0.00

Official Form 106J Schedule J: Your Expenses page 1

Deb	otor 1	Robert E	E. Klein			
Deb	otor 2	Kristy L.	. Klein	Case nu	mber (if known)	25-22393
6.	1 14:1:4	ion				
0.	Utilit 6a.		, heat, natural gas	6a	. \$	60.00
	6b.	•	wer, garbage collection		. \$	550.00
	6c.		e, cell phone, Internet, satellite, and cable services	60	. \$	504.00
	6d.	Other. Sp		6d		0.00
7.			ekeeping supplies	7	\$	1,000.00
8.			children's education costs	8	\$	0.00
9.			Iry, and dry cleaning	9	. \$	25.00
		٠,	products and services	10	. \$	100.00
			ntal expenses	11	\$	372.00
			Include gas, maintenance, bus or train fare.			
			ar payments.	12	. \$	300.00
13.	Ente	rtainment,	clubs, recreation, newspapers, magazines, and books	13	. \$	0.00
14.	Char	itable cont	tributions and religious donations	14	. \$	0.00
15.	Insur					
			nsurance deducted from your pay or included in lines 4 or 20.	45-	œ.	0.00
		Life insura		15a		0.00
		Health ins		15b		383.00
		Vehicle in		150		868.00
			urance. Specify: Dental	150	. \$	240.00
	Spec	ify:	nclude taxes deducted from your pay or included in lines 4 or 20.	16	. \$	0.00
17.			ease payments: ents for Vehicle 1	17a	\$	870.00
			ents for Vehicle 2	17b		841.00
		Other. Sp		17c		0.00
		Other, Sp		17d		0.00
10			ecily. of alimony, maintenance, and support that you did not report		. Ψ	0.00
10.			your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106		\$	0.00
19.	Othe	r payment	s you make to support others who do not live with you.		\$	0.00
	Spec			19		
20.	Othe	r real prop	erty expenses not included in lines 4 or 5 of this form or on So	chedule I: \	our Income.	
	20a.	Mortgage	s on other property		ı. \$	0.00
	20b.	Real estat	te taxes	20b		0.00
	20c.	Property,	homeowner's, or renter's insurance		. \$	0.00
	20d.	Maintenar	nce, repair, and upkeep expenses		i. \$	0.00
	20e.	Homeown	ner's association or condominium dues	20€	. \$	0.00
21.	Othe	r: Specify:		21	. +\$	0.00
22.	Calc	ulate your	monthly expenses through 21.		\$	8,035.00
			2 (monthly expenses for Debtor 2), if any, from Official Form 106J-	-2	\$	3,333.33
			· · · · · · · · · · · · · · · · · · ·	_	\$	8,035.00
	22G. /	Add line 22	a and 22b. The result is your monthly expenses.		Ψ	8,039.00
23.	Calc	ulate your	monthly net income.			
	23a.	Copy line	12 (your combined monthly income) from Schedule I.	23a	ı. \$	2,800.00
	23b.	Copy you	r monthly expenses from line 22c above.	23b	-\$	8,035.00
	23c.		your monthly expenses from your monthly income.			E 225 00
			t is your monthly net income.	230	;. _\$	-5,235.00
24.	For ex	xample, do yo ication to the	an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect y terms of your mortgage?	r you file th your mortgag	is form? e payment to incr	ease or decrease because of a
	□ Ye		Explain here:			
	<u> п</u>	53 .	Leaffernia more.			

Official Form 106J Schedule J: Your Expenses page 2

Fill in this infor	mation to identify your	case:	The State of	1105 110	
Debtor 1	Robert E. Klein				
	First Name	Middle Name	Last Name		
Debtor 2	Kristy L. Klein				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F WISCONSIN		
Case number	25-22393				
(if known)				I	Check if this is
					amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

if this is an

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

H	Sign Below	
Die	d you pay or agree to pay someone who is NOT an a	orney to help you fill out bankruptcy forms?
	No	
	Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
	der penalty of perjury, I declare that I have read the s It they are true and correct.	mmary and schedules filed with this declaration and
X	/s/ Robert E. Klein	X /s/ Kristy L. Klein
	Robert E. Klein	Kristy L. Klein
	Signature of Debtor 1	Signature of Debtor 2
	Date May 20, 2025	Date May 20, 2025

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

Fill in t	this info	rmation to identify you	case:			
Debtor	1	Robert E. Klein				
		First Name	Middle Name	Last Name		
Debtor (Spouse i		Kristy L. Klein	Middle Name	Last Name		
				MICCONCIN		
United	States E	Bankruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN	<u>_</u>	
Case n	umber	25-22393				
(if known))					heck if this is an
					a	mended filing
<u>Offic</u>	ial F	orm 107				
State	emen	t of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/25
Be as c	omplete	and accurate as possi	ble. If two married people a	re filing together, both are	equally responsible for sup	plying correct
informa	ation. If	more space is needed,	attach a separate sheet to	this form. On the top of any	y additional pages, write you	ir name and case
numbei	r (if Kno	wn). Answer every ques	stion.			
Part 1:	Give	Details About Your Ma	rital Status and Where You	Lived Before		
1. W	hat is yo	our current marital statu	s?			
	-	13				
	Marrie	_				
Ц	Not m	arried				
2. Du	ring the	last 3 years, have you	lived anywhere other than	where you live now?		
	No					
		ist all of the places you li	ived in the last 3 years. Do no	ot include where you live now	l.	
			·			D. (D. (-40)
De	ebtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	Idress:	Dates Debtor 2 lived there
						.0 (0
3. Wi states a	thin the and territo	last 8 years, did you ev pries include Arizona. Ca	rer live with a spouse or leg lifornia. Idaho. Louisiana. Ne	jal equivalent in a commun vada, New Mexico, Puerto R	ity property state or territory ico, Texas, Washington and W	/? (Community property /isconsin.)
_		,	,		, ,	·
	No					
	Yes. N	Make sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part 2	Expi	ain the Sources of You	r Income			
C GMM						
4. Did	d you ha	ave any income from en	nployment or from operating u received from all jobs and a	g a business during this ye	ear or the two previous caler	ndar years?
If y	ou are fi	iling a joint case and you	have income that you receive	e together, list it only once ur	nder Debtor 1.	
	No Vac 5	-:::::::::::::::::::::::::::::::::::::				
	Yes. F	Fill in the details.				
			Debtor 1		Debtor 2	
			Sources of income	Gross income	Sources of income	Gross income (before deductions
			Check all that apply.	(before deductions and exclusions)	Check all that apply.	and exclusions)
From	lanuari	1 of current year until	□ Wagan as maississes	\$80,000.00	□ Wages commissions	\$0.00
		led for bankruptcy:	☐ Wages, commissions, bonuses, tips	φου,υυυ.υυ	☐ Wages, commissions, bonuses, tips	Ψ0.00
			Operating a business		☐ Operating a business	

page 1

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For last calendar year: January 1 to December 31, 2024)	☐ Wages, commissions, bonuses, tips	\$848,357.00	☐ Wages, commissions, bonuses, tips	\$18,931.0
	Operating a business		■ Operating a business	
For the calendar year before that: January 1 to December 31, 2023)	☐ Wages, commissions, bonuses, tips	\$1,339,951.00	☐ Wages, commissions, bonuses, tips	\$50,300.0
	Operating a business		Operating a business	
	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$412.0
	☐ Operating a business		☐ Operating a business	
For the calendar year: January 1 to December 31, 2022)	☐ Wages, commissions, bonuses, tips	\$1,997,915.00	☐ Wages, commissions, bonuses, tips	\$0.0
	Operating a business		☐ Operating a business	
	■ Wages, commissions, bonuses, tips	\$0.00	■ Wages, commissions, bonuses, tips	\$76,341.0
3.	☐ Operating a business		☐ Operating a business	
Include income regardless of whet and other public benefit payments; winnings. If you are filing a joint cat List each source and the gross income. No Yes. Fill in the details.	her that income is taxable. Ex pensions; rental income; inte se and you have income that ome from each source separa	amples of other income are a rest; dividends; money collect you received together, list it contelly. Do not include income to	limony; child support; Social sted from lawsuits; royalties; a only once under Debtor 1. that you listed in line 4. Debtor 2	nd gambling and lotter
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until he date you filed for bankruptcy:	Rental real estate	\$71,000.00		
For last calendar year: January 1 to December 31, 2024)	Rental real estate	\$98,147.00		
For the calendar year before that: January 1 to December 31, 2023)	Rental real estate	\$111,850.00		

Rental real estate

\$70,067.00

For the calendar year:

(January 1 to December 31, 2022)

Pa	rt 3:	List	Certain Pa	yments You Made E	efore You Filed for Bankru	ptcy		
6.	Are e	either	Debtor 1's	or Debtor 2's debts	primarily consumer debts	?		
		No.	Neither De	btor 1 nor Debtor 2 rimarily for a persona	has primarily consumer de al, family, or household purpo	ebts. Consumer debt ose."	s are defined in 1	1 U.S.C. § 101(8) as "incurred by an
			During the	90 days before you fi Go to line 7.	led for bankruptcy, did you p	ay any creditor a tota	al of \$8,575* or mo	ore?
			□ Yes	paid that creditor. D	ditor to whom you paid a tota o not include payments for d ts to an attorney for this banl	omestic support oblig	in one or more pa gations, such as c	yments and the total amount you hild support and alimony. Also, do
			* Subject t		/28 and every 3 years after t		or after the date	of adjustment.
		Yes.			ave primarily consumer de led for bankruptcy, did you p		al of \$600 or more	?
			□ No.	Go to line 7				
			□ Yes	List below each cre- include payments for attorney for this bar	r domestic support obligation	of \$600 or more and ns, such as child sup	d the total amount port and alimony.	you paid that creditor. Do not Also, do not include payments to an
	Cred	ditor's	Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for
7_{κ}	Inside of who a bus alimo	ers ind lich you siness ony. No	clude your re ou are an off you operate	elatives; any general icer, director, person e as a sole proprietor	in control, or owner of 20% of	neral partners; partne or more of their voting	erships of which you g securities; and a	ou are a general partner; corporations iny managing agent, including one foi ns, such as child support and
				ents to an insider.	Datas of sourcest	Total amount	Amount vou	Page on for this navment
	Insic	ders	Name and A	Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
8.	inside	er?			ptcy, did you make any pay osigned by an insider.	yments or transfer a	any property on a	account of a debt that benefited an
		No			8			
			ist all paym	ents to an insider Address	Dates of payment	Total amount	Amount you still owe	Reason for this payment Include creditor's name
Pa	rt 4:	lden	tify Legal A	ctions, Repossess	ons, and Foreclosures			
9.	Withi List a	in 1 ye II sucl	ear before y	ou filed for bankru	ptcy, were you a party in a ry cases, small claims action	ny lawsuit, court ac ns, divorces, collectio	tion, or administ on suits, paternity	rative proceeding? actions, support or custody
		No						
		Yes. f	fill in the de	tails.				
						0		Status of the case
		e title e nun	nber		Nature of the case	Court or agency		
	Case Ass	e nun ocia		N.A. vs. Boxdrop	Nature of the case Money Judgment	Walworth Cour		Pending On appeal

Debto Debto		Robert E. Klein Kristy L. Klein	Ca	ase number (if known)	25-22393	
		n 1 year before you filed for bankru k all that apply and fill in the details be	ptcy, was any of your property repossessed,	, foreclosed, garnis	hed, attached, s	seized, or levied?
7		No. Go to line 11.				
	_ :	Yes. Fill in the information below.				
-		litor Name and Address	Describe the Property	Date		Value of the
			Explain what happened			property
				P'		
		n 90 days before you filed for bankı unts or refuse to make a payment b	ruptcy, did any creditor, including a bank or f ecause you owed a debt?	financial institution	, set oπ any am	ounts from your
î	1	No				
	· [Yes. Fill in the details.				
C	Cred	litor Name and Address	Describe the action the creditor took	Date a taken	action was	Amount
	ourt	n 1 year before you filed for bankru -appointed receiver, a custodian, o No Yes	ptcy, was any of your property in the posses r another official?	sion of an assigned	e for the benefit	t of creditors, a
Part 5	5:	List Certain Gifts and Contribution	S			
13. W		n 2 years before you filed for bankr No	uptcy, did you give any gifts with a total valu	e of more than \$60	0 per person?	
		Yes. Fill in the details for each gift.				
C	Gifts	with a total value of more than \$60 person	Describe the gifts	Dates the gi	s you gave ifts	Value
-		on to Whom You Gave the Gift and ress:				
14. W	-	•	uptcy, did you give any gifts or contributions	s with a total value	of more than \$6	300 to any charity?
· -	_	No Yes. Fill in the details for each gift or c	contribution			
_		or contributions to charities that		Dates	s vou	Value
r	nore	e than \$600 rity's Name			ibuted	
		ress (Number, Street, City, State and ZIP Cod	e)			
Part 6		List Certain Losses				
		n 1 year before you filed for bankru mbling?	ptcy or since you filed for bankruptcy, did yo	ou lose anything be	cause of theft,	fire, other disaster
		No				
	، [Yes. Fill in the details.				
		cribe the property you lost and the loss occurred	Describe any insurance coverage for the los Include the amount that insurance has paid. Lis insurance claims on line 33 of Schedule A/B: F	st pending loss	of your	Value of property lost
Part 7	<i>i</i> :	List Certain Payments or Transfers	5			
C	/ithi	n 1 year before you filed for bankru ulted about seeking bankruptcy or	ptcy, did you or anyone else acting on your l			y to anyone you
	J 1	No				
	•	Yes. Fill in the details.				
A	Add	on Who Was Paid ress	Description and value of any prope transferred	or tra	payment Insfer was	Amount of payment
		il or website address	/ou	made	}	
f Official		on Who Made the Payment, if Not \	rou tement of Financial Affairs for Individuals Filing fol	r Bankruptcy		page

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Debtor 1 Robert E. Klein
Debtor 2 Kristy L. Klein

Case number (if known) 25-22393

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Krekeler Law SC 26 Schroeder Court, Suite 300 Madison, WI 53711 https://ks-lawfirm.com	\$10,082.46 Attys Fees Including Filing Fees	08/14/2024 - \$1,448.90 09/10/2024 - \$2,601.30 10/08/2024 - \$1,308.20 11/13/2024 - \$466.96 12/09/2024 - \$1,050.00 01/15/2025 - \$624.64 04/17/2025 - \$60.36 04/17/2025 - \$20.00 04/17/2025 - \$361.60 04/17/2025 - \$402.50 04/29/2025 - \$1,738.00	\$10,082.46

١7.	Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who
	promised to help you deal with your creditors or to make payments to your creditors?
	Do not include any payment or transfer that you listed on line 16.

No

_				
ш	Yes	Fill	in the	e details.

Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

■ No

☐ Yes. Fill in the details.

Person Who Received Transfer

Address

Description and value of property transferred

Describe any property or payments received or debts

Date transfer was made

paid in exchange

Person's relationship to you

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

■ No

☐ Yes. Fill in the details.

Name of trust Description and value of the property transferred

Date Transfer was

made

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No	or other financial acc	ounts; certificate	s of depos		
	Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of acco	ount or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Associated Bank	XXXX-6605	Checking		09/18/2024	\$103.11
	433 Main Street		☐ Savings			
	Green Bay, WI 54301		☐ Money Ma			
			☐ Brokerage	•		
			Other			
	Associated Bank 433 Main Street	XXXX-8915	Checking		09/18/2024	\$9.35
	Green Bay, WI 54301		☐ Savings ☐ Money Ma	a-l-a4		
	•		☐ Brokerage			
			☐ Other	•		
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed		any safe de	eposit box or other depo	ository for securities,
21.	■ No ■ Yes. Fill in the details.		for bankruptcy, a			
21.	cash, or other valuables?	year before you filed Who else had a Address (Numbe State and ZIP Code	for bankruptcy, a access to it? r, Street, City,		eposit box or other depo	Do you still have it?
	■ No ■ Yes. Fill in the details. Name of Financial Institution	Who else had a Address (Number State and ZIP Code	for bankruptcy, a access to it? access, City,	Describe	e the contents	Do you still have it?
	■ No ■ Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code	for bankruptcy, a access to it? access, City,	Describe	e the contents	Do you still have it?
	cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	Who else had a Address (Number State and ZIP Code	for bankruptcy, a access to it? access, City,	Describe	e the contents	Do you still have it?
	cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit	Who else had a Address (Number State and ZIP Code	for bankruptcy, access to it? access to it? access to it? bur home within bur home within bur had access	Describe	e the contents	Do you still have it?
22.	cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit No Yes. Fill in the details. Name of Storage Facility	Who else had a Address (Number State and ZIP Code or place other than you who else has a to it? Address (Number State and ZIP Code	for bankruptcy, access to it? access to it? access to it? bur home within bur home within bur had access	Describe	e the contents ore you filed for bankrup	Do you still have it? otcy?
22. Pa	No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else had a Address (Number State and ZIP Code or place other than you who else has a to it? Address (Number State and ZIP Code	for bankruptcy, access to it? r, Street, City, our home within or had access or, Street, City,	Describe	e the contents ore you filed for bankrup e the contents	Do you still have it? otcy? Do you still have it?
22. Pa	No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 19: Identify Property You Hold or Contro	Who else had a Address (Number State and ZIP Code or place other than you who else has a to it? Address (Number State and ZIP Code	for bankruptcy, access to it? r, Street, City, our home within or had access or, Street, City,	Describe	e the contents ore you filed for bankrup e the contents	Do you still have it? otcy? Do you still have it?
22. Pa	No Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) Have you stored property in a storage unit No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code) 19: Identify Property You Hold or Contro Do you hold or control any property that so for someone.	Who else had a Address (Number State and ZIP Code or place other than you who else has a to it? Address (Number State and ZIP Code	for bankruptcy, access to it? r, Street, City, our home within or had access or, Street, City,	Describe	e the contents ore you filed for bankrup e the contents	Do you still have it? otcy? Do you still have it?

	otor 1 otor 2	Robert E. Klein Kristy L. Klein	C	Case number (if known)	25-22393				
Par	t 10:	Give Details About Environmental Infor	mation						
-		urpose of Part 10, the following definition							
	<i>Envir</i> toxic	ronmental law means any federal, state, or substances, wastes, or material into the lations controlling the cleanup of these s	or local statute or regulation concernin air, land, soil, surface water, groundw	ng pollution, contami vater, or other mediu	nation, releases m, including sta	of hazardous or tutes or			
		means any location, facility, or property a		w, whether you now	own, operate, or	r utilize it or used			
to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						ıbstance,			
Rep	ort all	notices, releases, and proceedings that	you know about, regardless of when t	hey occurred.					
24.	Has a	Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?							
		No Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental lav know it	w, if you	Date of notice			
25.	Have	you notified any governmental unit of a	ny release of hazardous material?						
	_	No Yes. Fill in the details.							
		ne of site ress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental lav know it	w, if you	Date of notice			
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.								
		No Yes. Fill in the details.							
		e Title e Number	Court or agency Name Address (Number, Street, City,	Nature of the case		Status of the case			

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

☐ A partner in a partnership

☐ An officer, director, or managing executive of a corporation

☐ An owner of at least 5% of the voting or equity securities of a corporation

A member of a limited liability company (LLC) or limited liability partnership (LLP)

☐ No. None of the above applies. Go to Part 12.

Yes. Check all that apply above and fill in the details below for each business.

Business Name Address

(Number, Street, City, State and ZIP Code)

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Name of accountant or bookkeeper

Dates business existed

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case number (if known)

EIN:

EIN:

Dates business existed

25-22393

Business Name

Address

Describe the nature of the business Name of accountant or bookkeeper

Employer Identification number Do not include Social Security number or ITIN.

(Number, Street, City, State and ZIP Code)

Klein Investment Properties LLC now known as Klein Enterprises

LLC

17 E Walworth Street Elkhorn, WI 53121

Advertising and Business Management

Brenda Stowell Hark H and R Block Elkhorn, WI 53121

Tax Preparation & Consulting

Kristy Klein

Accounting & Bookkeeping

From-To 07/12/2021-12/09/2024

93-3115547

From-To 08/28/2023-Current

From-To 03/09/2017-12/09/2024

82-2508479

From-To 08/16/2017-12/09/2024

XXXX-XX-5236

Socialyn Marketing LLC 1511 E Longneedle Lane

Elkhorn, WI 53121

Marketing **Brenda Stowell Hark**

H and R Block Elkhorn, WI 53121

Tax Preparation & Consulting

Kristy Klein

Accounting & Bookkeeping

EIN: 81-5484577

BoxDrop Elkhorn LLC 10 S. Washington Street Elkhorn, WI 53121

Brenda Stowell Hark

Furniture Stores

H and R Block Elkhorn, WI 53121

Tax Preparation & Consulting

Kristy Klein

Accounting & Bookkeeping

BoxDrop Janesville, LLC 450 S John Paul Road Milton, WI 53563

Furniture Stores

Brenda Stowell Hark H and R Block Elkhorn, WI 53121

Tax Preparation & Consulting

Kristy Klein

Accounting & Bookkeeping

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial

EIN:

□ No

Address

Official Form 107

Yes. Fill in the details below.

Name

institutions, creditors, or other parties.

(Number, Street, City, State and ZIP Code)

Anthem Capital Solutions, Inc.

c/o Merle Klocke PO Box 2655

03/15/2024

Date Issued

Silverthorne, CO 80498

First National Bank c/o Gregg Rice 105 State Road 67 Walworth, WI 53184 02/05/2024

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Debtor 1	Robert E. Klein
Debtor 2	Kristy L. Klein

Case number (if known) 25-22393

Name Address (Number, Street, City, State and ZIP Code) Attorney James Duquette Seymour Kremer Koch LLP	Date Issued 02/09/2024
23 N Wisconsin Street PO Box 470 Elkhorn, WI 53121	
Associated Bank 433 Main Street Green Bay, WI 54301	04/30/2024
First Mid Bank & Trust c/o Phil Whitehead 2525 Milton Avenue Suite 100 Janesville, WI 53545	05/15/2024
Jamin Arn 1810 Sutler Avenue Beloit, WI 53511	05/03/2024
Diamond Residential c/o Betsy Angulo 11300 75th Street Suite 106 Kenosha, WI 53142	04/11/2024
JP Morgan Chase Bank 38 N Washington Street Elkhorn, WI 53121	02/2024
U.S. Small Business Administration 300 S Riverside Plaza Chicago, IL 60606	05/22/2024
Kurt M. Carlson 216 S. Jefferson Street Suite 303 Chicago, IL 60661	04/30/2024

Part 12: Sign Below

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Robert E. Klein	/s/ Kristy L. Klein			
Robert E. Klein	Kristy L. Klein			
Signature of Debtor 1	Signature of Debtor 2			
Date _May 20, 2025	Date May 20, 2025			
Did you attach additional pages to <i>Your Statement of Fin</i> ■ No □ Yes	ancial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?			
Did you pay or agree to pay someone who is not an attor ■ No	ney to help you fill out bankruptcy forms?			
	ion Preparer's Notice, Declaration, and Signature (Official Form 119).			

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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United States Bankruptcy Court Eastern District of Wisconsin

In re	Robert E. Klein Kristy L. Klein		Case No.		
		Debtor(s)	Chapter	11	
	DISCLOSURE OF COMPENSA	TION OF ATTORNEY	FOR DE	BTOR(S)	
1.	Pursuant to 11 U.S.C. §329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered on behalf of the debtor)s) in contemplation of or in connection with the bankruptcy case is as follows:				
	For legal services I have agreed to accept:	\$444.00/hr. for J. David Krek \$378.00/hr. for Kristin J. Sedo			
	Prior to the filing of this statement I have received:	\$8,344.46 plus filing fee of \$7	1,738		
	Balance Due:	\$444.00/hr. for J. David Krek \$378.00/hr. for Kristin J. Sedo			
2.	The source of the compensation paid to me was:	X Debtor Other:			
3.	The source of compensation to be paid to me is:	X Debtor Other			
4.	X I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.				
5.	 In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions needed. 				
6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:			::		
CERTIFICATION I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.					
Date:	May 20, 2025	/s/ Kristin J. Sederholm Kristin J. Sederholm State Bar No. 10018 Krekeler Law, S.C.	n 195	_	